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ABSTRACT

A positive self image is necessary for good mental health, yet societal influences have a negative impact on the self esteem of Hispanic people living in the United States. Hispanics are caught between the cultural poles of the values of the Hispanic community and the demand for acculturation into the dominant society. Adverse influences on Hispanic mental health come from societal service structures as well as societal pressures to conform and adapt. Problems have been reported on Hispanic interaction with Anglos in Anglo-dominated social services. As a result, Hispanic communities have tended to develop their own informal network of social services rather than use existing programs. Cultural differences between patients and mental health service workers can affect both the diagnosis and treatment of mental illness. The structure of mental health service programs, as well as personal climate, human warmth, and interest, should be considered in the development of such programs. Pressures and influences which have worked against the realization of Hispanic potential need to be corrected. An important step will be educating Hispanics for professional careers so they can meet the needs of the ethnic community and serve the needs of the whole society. (MK)

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Hispanics in the United States and Their Mental Health

by

Caroline White

Today there is a growing interest in good health; some call it "Well-being." For a person to function well both the body and the mind need to work together. One of the proponents of the science of sophrology, Dr. Alfonso Caycedo, seeks such harmony between mind and body. For health care many, recognizing the necessity to treat the total person and not just physical aspects, have turned to the holistic approach which regards the entire person. Concerned with high performance from both the body and the mind, people question that which prevents their reaching their full potential in development. Mental health, although inseparable from one's total health, is our primary focus at this time and added to this is the effect on Hispanics in the United States.

The purpose of this paper is to examine what affects Hispanic mental health. First I consider their self image, then societal influences which pressure Hispanics to measure up to a norm of acceptability and conformity, and last of all I discuss mental health programs including treatment as delivered to Hispanics. In these programs I touch on both the lack of adequate health care for Hispanics as well as on some of the effective programs and the factors which make them more effective than others.

This work is not an exhaustive study into research and findings on Hispanic mental health. Rather it touches on key aspects affecting their mental health and on mental health programs of quality. Findings in this paper have been gleaned from a larger work I wrote for students preparing for careers in the health professions to help them understand the Hispanics in the United States and the role of health professionals in working with

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people of Hispanic heritage. As both Anglos and Hispanos are made more aware of what is happening, hopefully they will take it upon themselves to change the mental health situation for the better whether it be through improving an existing program or by starting afresh, or in building a more positive self image which in turn will lead to a fuller life. The goal is to be-understanding to help promote change.

But as we approach this topic Hispanics and mental health we encounter the first stumbling block when we attempt to define "Hispanic" as a term for an identifiable group. Such a term is so all-encompassing that on closer examination for group characteristics there appears to be little in common. For example an Hispanic may be a recent arrival, or may have arrived shortly after the turn of the twentieth century in an escape from political turmoil in Mexico, or may trace roots back several c enturies to the days of Spanish colonization in this northern territory. Each characteristic we choose could show such divergence among Hispanics. Yet despite these differences the term Hispanic heritage does serve to separate these people from the Anglo-dominated United States society, albeit by a fine line for some Hispanics who have sought acculturation and assimilation into the mainstream of Anglo ways. Still there remains a nebulous distinction at times more defined and other times almost indiscernable from Anglo.

The next caution is directed at interpreting statistics from U.S. Government reports where the manner of identifying the Hispanic group has changed through the years; once used "Spanish surname" has been replaced with the term "of Spanish origin." Regarding the population count of Hispanics, even the 1970 census takers concede that the number is too low. As for the many undocumented workers from Hispano América, often referred to by the press as "illegal aliens," the estimate of five million must

be little more than a conservative educated guess for these people here without legal entry documents or without work visas fear discovery and deportation. Another census begins this year of 1980 therefore the data I use is from yearly government reports that are based upon samplings rather than on a total count. With these reservations in mind let us consider some data about those of Hispanic heritage in the United States.

The 1978 government report gives a population of 12,046,000 of Spanish origin in the United States compared to a total U.S. population of 214,159,000. A breakdown by more immediate origin shows 7.2 million of Mexican origin, 1.8 million of Puerto Rican, 900,000 of Central or South American origin, 700,000 of Cuban and the rest of other Spanish origin. Continued immigration and a high birth rate make the Hispanic population the fastest growing in the United States with estimates that the 12 million figure will increase to 20 or possibly 30 million in this decade ending in 1990. It appears that despite drawbacks to living in the United States many from the lower economic brackets in Spanish American countries continue to come to work in the United States with or without legal entry papers or work permits. In adjusting to their new homeland cultural and language barriers will be but a few of the hurdles which will put strain on their lives and thus affect their mental health.

Other statistics help to understand the U.S. Hispanic population. This group is very young with a median age of 22 compared to 31 for Whites. (A footnote on the report adds that such breakdowns are not equivalent; an Hispanic may be White or Black.) Three fourths of Hispanics were born in the United States; 85% live in urban settings, concentrated in eight urban centers; over half are in blue collar work, 58%; and their median income falls far below that for non-Hispanics, in 1977 it was $7,797 compared to $10,261. Such statistics negate the view at times held that

most Hispanics are foreign born, live in rural communities and work in agriculture. In fact the vast majority were born in the United States and live in urban settings where most work in unskilled jobs. This data also shows a young population from large families with low incomes.[1]

If we look at one factor, income, it appears that the Hispanic situation does have a deleterious effect on mental health. Many Hispanics fall below the poverty level. When we look at the effects of poverty on mental health we discover various studies, the first by Hollingshead and Redlich in 1958, that show the highest rate of mental illness is among the poor, yet they also have the lowest use of professional treatment and when they are treated they tend to receive more physical treatment such as drugs and electric shock. Poverty is but one of various adverse factors on Hispanic mental health.[2]

For good mental health a positive self image is essential. For some from the Hispanic community self identity poses a problem. They feel drawn to take on the new values from the dominant society; in the process they reject former values. These persons torn between two separate poles culturally lose a sense of belonging and of security. Hyphenated they hang between the two cultures. When not fully accepted by Anglos and not permitted back into their own cultural community they may feel alienated from both. Failure to acculturate leads to further conflict and a lowering of self esteem. Tony "Chato" Estrada's "Letter to Society" summarizes this frustration:

> I now speak only English, I am no longer a Catholic, I have quit being loyal to my friends, and I am no longer clannish.... I have tried to be like you and now you tell me that I am a criminal. Isn't this what you wanted, or is it because I couldn't change the color of my skin that I am still no good.[3]

The Hispanic community may derogatorily refer to the hyphenated person as "inglesado" or "agringado." In El Teatro Campesino's play "Los vendidos" we observe two such characters. The play satirizes how some Hispanics "sell out" to Anglo ways and how the Anglo society searches out token representatives from the Mexican American community who are "just the same as them." One of the "sell outs" a Miss Jinenez as she calls herself is looking for the perfect Mexican American "agringado" model. To the shopkeeper she says, "You still don't understand what we need. It's true we need Mexican models such as these, but it's more important that he be American."[4]

This acculturation, this taking on of Anglo ways, does not lead to better mental health. In fact such a change is damaging to a person's self image. Valuing one's own identity leads to better adaptation and better mental health as studies have proven. In On Becoming a Person (1961) Carl Rogers states "the deepest despair and pain is for one to choose to be 'another than himself.' " A study by Ramírez on Mexican American youth and education concluded that "(students) who identified with the Mexican way of life to a greater extent are more educationally minded, more sympathetic and adaptable to deviations, maintain more respect for authority, and are more adaptable to conflicting situations."[5] Such findings support the need for cultural diversity in the United States. Rather than a great melting pot of cultures this nation must permit each to build a positive self concept based upon each person's cultural background.

Hispanics in the United States cannot seek their cultural identity in another place. The majority were born here on the mainland of the United States. Their self identities must come from their unique environment and community. They cannot return to their ancestors' place

since they never left there. When they do travel there they feel very much the foreigner whether it be the person of Mexican origin or of Puerto Rican origin. Where they grew up represents a new cultural milieu. Eduardo Seda-Bonilla of Columbia University coined the word "nuyorican" which evolved to "Neo-Rican" to distinguish the New York or mainland Puerto Rican from the islanders. The mainlanders operate in a culture distinct from that of the Puerto Rican islander. These Neo-Ricans, neither Puerto Rican nor New Yorker, have their own cultural identity. The Mexican American who travels to Mexico finds life quite "foreign" to them in many respects.

Let's examine other areas in which lack of achievement has caused a lowering of self worth and a positive self opinion for some Hispanics. In school, at work and in the community Hispanics must be respected for their abilities and potential. Often this has not been the case. Studies such as Rozenthal and Jacobson's have shown that others' expectations definitely influence a person's achievement. When teachers believed that students were going to do well the students did in fact achieve significantly better than those in the control group; among those doing better were children of Hispanic heritage. Yet high drop out rates for Hispanics from school attests to their dislike and lack of achievement often experienced in the schools.

Yet other studies show how certain groups are held back. Althauser's showed that even for those whose educational background and job position were equal that the minority person received considerably less in wages.[6] Glazer and Moynihan in their second edition of Beyond the Melting Pot (1970) changed from their previous position of believing that a few were prejudiced against minorities. They concluded that income distribution

showed a wide discrepancy between groups and the reason was that a racist society was holding back others based upon color distinction with the Puerto Ricans in New York worse off than the Blacks by income.[7]

Adverse influences on Hispanic mental health come from other social service structures as well. A U.S. Commission Civil Rights Report (1970) on Mexican Americans and the administration of justice in the Southwest tells of police brutality, false arrests and detainment without cause.[8] Auerbach's Unequal Justice: Lawyers and Social Change in Modern America paints a bleak picture of justice for the poor. The judicial system acts to preserve the social system despite flagrant inequities.[9] Certain groups such as Hispanics in the lower income bracket have suffered from disadvantages in the U.S. social system for a long time. Grebler defines a group as disadvantaged if society at large acts by omission or commission to hinder a disproportionate number of its members in the development of their individual abilities.[10] This is definitely prejudice working to hold back others. A definition for prejudice is a belief held by many in a society and learned from them which negatively affects others. Such negative action by a society communicates to the groups singled out their worth within the society. The minority persons in the United States have received the message time and again that they are of little worth. This hostile social environment has damaged self esteem and seriously affected mental health. Each group has learned ways to cope with such an environment.

"Corky" Gonzales writes of this ability to withstand in his epic poem "I Am Joaquin" which is a cry from the Mexican American's indomitable spirit to endure against great odds.[11] The materialistic nature of Anglo values is played out against the stronger values of brotherhood and cultural richness in music and song.

Hostile also for the Hispanics is the urban setting in which the majority of the world's population now lives, including 85% of U.S. Hispanics. The city is not conducive to building interpersonal relations; it has a dehumanizing effect. People remain anonymous, unresponsive to others whom they view as the masses. Within a city Hispanics may band together in barrios where informal networks often meet social service needs.[12a] But studies have shown that the city dwellers are frequently the ones who no longer accept former behavior patterns. Studies show that Hispanic urban dwellers are less likely to practice the "compadrazgo" system and less likely to feel obligated to care for the elderly in their homes. A new social structure more independent of social ties replaces former ways of coping with the life cycle.

Let's turn from immediate influences on the Hispanic community to the academic setting where some social science theories have given rise to greater stereotyping of the Hispanic community. Three theories in specific warrant our attention--biological, environmental and cultural determinism--since they have attempted to show why one group is superior to another. A group in power needs to justify control over others. These three theories have served at times as a means for Anglos to claim superiority in their abilities to govern. Rather than a test of superiority it is more the case of prejudice in operation. Gordon Allport's definition of a stereotype will help explain how stereotyping can help to support prejudices. A stereotype is " an exaggerated belief associated with a category, and its function is to justify conduct in relation to that category." [12b]

First is the biological determinist theory which claims hereditary superiority. The use of such a theory we see at work in Vasconcelos' essay "La raza cósmica."[13] For the next theory Oscar Lewis' " culture

of poverty" fits the environmental determinism idea in which part of the blame for the inferior position of others is placed on the environment including the structure of a society.[14] But for Vaca the most insidious of all three theories is cultural determinism such as one finds operating in Florence Kluckhohn's Variations in Value Orientations in which the blame for an inferior position in society is placed on cultural differences of ethnic groups in relation to the dominant culture.[15] Biological determinism's blatant position of genetic superiority or environmental determinism's recognition of societal responsibility in limiting others were far less dangerous than this latter theory of cultural determinism which attributes cultural values to a group as the reason for their lack of success. The traditional Mexican American value system outlined by Kluckhohn and espoused by other social scientists is incorrect. It cannot stand up if even the least rigorous of standards for investigation is applied. Kluckhohn did not control variables; findings based on a small rural sample became the conclusions for all Mexican Americans for all times and all places. Recent studies have shown the fallacy of holding to the existence of a traditional Mexican American value system; such a notion must be completely eliminated.

Stereotyping of ethnic groups has come not only from the theories of social scientists but as one might expect from mass media and literature. Simplistic generalizations and exaggerations have often served to further cloud understanding of Hispanic groups. An example is the Mexican revolutionary type used in the 1967 Frito Bandito cartoon character portrayed as a short, dark, mustached, gun-toting thieving bandit.[16] In literature we encounter both extremes of exaggeration from that of a

ruthless, philandering macho type to a devout, fatalistic peasant character. Such defamatory stereotyping damages understanding by both groups. In a study on attitudes given to both Mexican Americans and Anglos the Mexican Americans were found to hold some of the same stereotypes about themselves as held by the Anglos. Thus stereotyping can work full circle and influence attitudes in the ethnic group. Even the use of "Mexican American" comes under attack; for some the term implies being less than an American and they feel that such a singling out is unjust. Often misinformation or no information about Hispanics is what is in general circulation. In 1967 an article on the Mexican American was titled "The Minority Nobody Knows" and in the 1980s it appears that little has changed in this respect.[17]

In social services as education, health and justice the relationship of Anglo professionals to Hispanics has been less than helpful and supportive. Many problems have been reported on Hispanic interaction with Anglos in the Anglo-dominated social services. This is not to say that excellent programs do not exist but rather that there is a definite need for more social service programs especially aimed at meeting Hispanic needs. With the growth of the Hispanic population future needs will be even more severe than present day ones. In the Minnesota area alone many programs have helped--Migrant Health Services, West Side Clinic, MIA now called Hispanics in Minnesota, Resource Centers and bilingual-bicultural programs.

Perhaps because of cultural preference and perhaps because of lack of satisfactory programs nearby, Hispanic communities have tended to develop their own informal network of social services and to not use existing programs. Such is the case reported by Weclew who tells about

two mental health centers in Hispanic communities in Chicago where the staff including Hispanics were aware that Hispanics in the area went to curanderos for treatment rather than to their centers. Some of the staff believed that they could work together with the curanderos while others felt their differences were too great.[18] If we consider the characteristics of curanderos it is clear why some would prefer them. Although there are many types of curanderos as Romano has pointed out, curanderos can be characterized by their treatment of the total person--social, psychological and physical aspects. Their diagnosis and treatment is swift and includes the client and the family. Both play active roles by offering suggestions and advice and then by carrying through on treatment. The healing art is considered a gift as well as a skill. Curanderos demonstrate patience and humility. Rather than charging a fee they accept donations.[19] When compared to other care, that of the curandero appears in many respects more rational and humane.

Illness is a critical time for the sick person and the family. During this time it is important that the social and cultural environments be familiar. When each knows what to expect and what roles the others play it is possible to build a relationship of trust and confidence. For the Hispanic nonfamiliar with Anglo ways in health care, the use of Anglo dominated programs can be a fearful, frustrating experience. Few Hispanic health professionals exist so the Hispanic is forced to find care either outside or within the system. For example one Hispanic viewed a hospital as a place a person went to die since previous experiences of friends and relatives supported this idea. Some may wait until they are critically ill before seeking health care and by then medicine and hospitalization may offer no hope.

Not all turn away from Anglo medical care as McLemore's findings

prove. His study shows that Mexican American patients with the same educational level as that of Anglo patients held similar attitudes toward medical care.[20] Nall and Speilberg's study showed that belief in folk diseases did not inhibit acceptance of modern medical ways. The Hispanics with backgrounds similar to those of the Anglos accepted these ways equally well.[21]

As for the effectiveness of treatment programs for mentally ill Mexican American patients, studies comparing the success of curanderos to that of medically trained psychologists and psychiatrists show that the curanderos do no better but no worse. Miranda's study concluded that mental health programs were rejected because of lack of information, a difference in ethnic style, fragmentation in which a client is shunted from one to another in a bureaucratic system, inaccessibility either economically or because of location, unaccountability in that no one person took responsibility for treatment, and discontinuity in which clients did not continue in treatment long enough. Therapy did not appear relevant in that it differed from community activity.[22] By reversing these reasons one could come up with criteria for a more acceptable and effective mental health program for Hispanics.

Determining who is mentally ill can vary depending upon a number of factors such as language and cultural differences. Edgerton and Karno noted that more pathology was diagnosed when the patient was interviewed in English than in Spanish.[23] Cultural differences of psychiatrists also affect diagnosis. When three psychiatrists examined the same Puerto Rican patients the Anglo noted the highest level of mental illness, then the Argentinian, and the Puerto Rican, who understood the cultural factors, the least. A case is of an Anglo who tranquilized a Puerto Rican client for an hysterical seizure since the

man was crying, falling to the ground, beating his fists on the floor and striking out at those nearby. Yet for the Puerto Rican staff member this behavior was but a healthy reaction to the grief and catastrophe which the person had experienced. Differences in vocabulary meaning can also pose a danger as when a Cuban therapist believed that the Puerto Rican in reacting to the ink blot before him was using "roto" to mean "torn" or "broken" whereas for him the word "roto" meant "a hole." Speaking the same language does not necessarily mean that both are looking at something in the same way nor that the words carry the same meaning.

Other studies attest to the lack of adequate mental health programs for the Hispanics. The Yamamoto study found that "visible minorities" were more often discharged or seen for minimal supportive psychotherapy and that the psychiatrists avoided prolonged and close contact with them.[24c] When divergence existed between the therapists' and clients' values and attitudes, those clients were interviewed less, medicated more and discharged sooner. Yet when the "untreatable" was placed in a familiar cultural and language setting they responded well to treatment. Mejia's study found that Hispanics received significantly fewer human services than any other population subgroup. In terms of their expected use based on socio-economic status, they under-utilized mental health services and they dropped out of treatment more frequently.[24b] Such negative findings regarding mental health programs supports the need for more quality programs that are culturally relevant.

The Xipe Totec Clínica de Salud Mental in Norwalk, California is one program which builds a comfortable, familiar setting through furnishings, language, music and social activities relevant to the Mexican American. In one particular situation the staff helped patients work through mourning and death experiences. They saw that the Ameri-

can culture's disguising of death had prevented some Mexican Americans from working through the normal stages of grief. In the Mexican culture they noted that the dead are respected and are still with the living. Life is but a passage with death a marker on the road. After burial some family members experienced severe depressions and guilt feelings over their feelings of hostility toward the dead person. Through a ritual reenacting in which patients are supportive of the person and the therapist sensitive to group interaction, the patient is helped to work through to catharsis these feelings and to lift the depression. The Clinic relies on professional personnel from the cultural group. They use non-clinical surroundings near good transportation.[25]

In Texas the Julián Saldívar Clinic allows for walk-in care and has a full staff including a psychologist and a social worker so that clients receive full care rather than referrals for service. One client remarked that he was not afraid to come;as a result of good communication the Clinic is successful in treating health problems in the early stages.

For successful health care programs for Hispanics in the future such examples serve as models. To ensure their success the small personal character, human warmth and interest should stand out even above the structure of the programs. Mental health is but one aspect of a person's total health. Good health does not begin in a clinic or program but rather depends upon each person's development. Pressures and influences which have worked against the realization of Hispanic potential need to be corrected even more. An important step begun at various centers is educating Hispanics for professional careers so they can meet ethnic community needs and serve the needs of the whole society.[26]

[1] Statistics are from U. S. Bureau of the Census, Current Population Reports, Series P-20, No. 328 "Persons of Spanish Origin in the United States: March 1978 (Advance Report) and Series P-20, No. 336 "Population Profile of the United States: 1978, U. S. Government Printing Office, Washington, D.C. Also referred to is Douglas R. Martínez, "Hispanics in 1979--A Statistical Appraisal," Agenda: A Journal of Hispanic Issues, 9, No. 1 (Jan./Feb. 1979), 21-24.

[2] For detailed studies on Chicano Mental Health see Part V in Nathaniel Wagner, et al., Chicanos: Social and Psychological Perspectives (2nd. ed. Saint Louis: The C. V. Mosby Co., 1976), 205-296.

[3] Tony "Chato" Estrada, "Letter to Society," in Chicano Literature: Text and Context, ed. Antonia Castañeda Schular, et al. (Englewood Cliffs, N.J.: Prentice Hall, 1972).

[4] Teatro Campesino, "Los vendidos," in Guerrilla Theater, Scenarios for Revolution, ed. John Weisman (New York: Doubleday, 1973), 42-54.

[5] Manuel Ramírez III, "Effects of Cultural Marginality on Education and Personality, ERIC ED 056 805, Albuquerque, New Mexico: Southwestern Cooperative Educational Lab., 1970.

[6] Robert Althauser, et al., The Unequal Elites (New York: Wiley, 1975).

[7] Nathan Glazer and Daniel Patrick Moynihan, Beyond the Melting Pot, 2nd. ed. (Cambridge, Mass.: MIT, 1970).

[8] "Mexican Americans and the Administration of Justice in the Southwest: Summary of a Report of the United States Commission on Civil Rights, 1970," in Chicanos: Social and Psychological Perspectives as in note 2, 84-98.

[9] Jerald S. Auerbach, Unequal Justice: Lawyers and Social Change in Modern America (New York: Oxford, 1976).

[10] Leo Grebler, et al. The Mexican-American People: The Nation's Second Largest Minority (New York: The Free Press, 1970).

[11] Rodolfo Gonzáles, I am Joaquín/Yo soy Joaquín (New York: Bantam, 1972).

[12a] For further insights into the urban enviroment and its effect upon Hispanics see the four essays in Part III of Selected Proceedings of the Fourth Annual Conference on Minority Studies, 6 (April 1976), 61-94 in which these topics are treated: 1) city life in San Juan and New York contrasted to country living, 2) barrio as distinct from ghetto, 3) universal values beyond urban problems, and 4) race and identity.

[12b] Gordon W. Allport, The Nature of Prejudice (New York: Addison Wesley, 1954).

[13] José Vasconcelos, "La raza cósmica," in La América Latina de Hoy, eds. Eugenio Chang-Rodrigues and Harry Kantor (New York: The Ronald Press, 1961).

[14] Oscar Lewis, Five Families: Mexican Case Studies in the Culture of Poverty (New York: Basic Books, 1959).

[15] Florence Kluckhohn and Fred Strodtback, Variations in Value Orientation (Evanston, Ill.: Row, Peterson & Co., 1961).

[16] Magazine advertisement by Frito Lay, Inc. in 1968 issues of Life.

[17] Helen Rowan, "A Minority Nobody Knows," The Atlantic Monthly, 219 (June 1967), 47-52.

[18] Robert V. Weclew, "The Nature, Prevalence and Level of Awareness of 'Curanderismo' and Some of Its Implications for Community Mental Health," Community Mental Health Journal, 11 (Summer 1975), 145-154.

[19] Romano V., Octavio Ignacio, "The Anthropology and Sociology of the Mexican American: The Distortion of Mexican American History," El Grito, 2, No. 1 (Fall 1968), 13-26 and in Romano's "Charismatic Medicine, Folk

Healing and Folk Sainthood," American Anthropologist, 67 (1965), 1151-73. C.W.

[20] Dale McLemore, "Ethnic Attitudes Toward Hospitalization: An Illustrative Comparison of Anglos and Mexican Americans," The Southwestern Social Science Quarterly, 43 (Mary 1963), 341-46.

[21] Frank C. Nall and Joseph Speilberg, "Social and Cultural Factors in the Responses of Mexican Americans to Medical Treatment," Journal of Health and Social Behavior, 8 (December 1967), 299-308.

[22] Manuel Miranda and Harry H. L. Kitano, "Barriers to mental health services: a Japanese-American and Mexican American dilemma," in Chicanos: Social and Psychological Perspectives, see note 2, 242-252.

[23] Robert B. Edgerton and Marvin Karno, "Mexican-American bilingualism and the perception of mental illness," in Wagner's Chicanos, note 2, 230-236.

[24a] Joe Yamamoto, et al., "Cultural problems in psychiatric therapy," in Wagner's Chicanos, note 2, 217-222.

[24b] For further discussion on racism and the helping relationship see Susan Reed, "Racism and the Helping Process," in Explorations in Ethnic Studies: The Journal of the National Association of Interdisciplinary Ethnic Studies, 3, No. 1 (Jan. 1980), 19-26.

[25] Ignacio Aguilar and Virginia N. Wood, "Aspects of Death, Grief and Mourning in the Treatment of Spanish-speaking Mental Patients," ERIC ED 101 887.

[26] For an analysis of institutional change to improve health delivery systems to minorities and minority medical student support, see Dietrich C. Reitzes and Hekmat Elkhanialy, " Improving Medical Care for and by Minority Groups: A Case Study of National Medical Fellowships, Inc." in Selected Proceedings of the Third Annual Conference on Minority Studies, 2 (April 1975), 65-80.